

House Bill 425

By: Representatives Chambers of the 81st and Rice of the 51st

A BILL TO BE ENTITLED
AN ACT

To amend Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to regulation of hospitals and related institutions, so as to enact the "Hospital Litigation Protection Act"; to provide certain cost information to an uninsured patient prior to receiving nonemergency elective medical treatment; to provide for the annual submission of certain information to the Department of Human Resources; to provide for immunity from certain legal actions under specified conditions; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

This Act shall be known and may be cited as the "Hospital Litigation Protection Act."

SECTION 2.

Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to regulation of hospitals and related institutions, is amended by adding a new Code section to read as follows:

"31-7-11.1.

(a) Prior to providing elective nonemergency medical treatment, including surgery, to an uninsured patient, a hospital licensed under this article shall provide to such patient:

(1) A written good faith estimate of reasonably anticipated charges for the treatment;

(2) The rate of payment for the treatment to the hospital that has been negotiated by or on behalf of the hospital with the managed care company that has the largest number of enrollees; and

(3) The rate of payment for the treatment to the hospital under the medicare program.

(b) After providing elective nonemergency medical treatment, including surgery, to an uninsured patient, a hospital licensed under this article shall provide to such patient:

(1) An itemized list of actual charges for the treatment;

(2) The rate of payment for the treatment to the hospital that has been negotiated by or on behalf of the hospital with the managed care company that has the largest number of enrollees; and

(3) The rate of payment for the treatment to the hospital under the medicare program.

(c)(1) Hospitals licensed under this article shall annually submit, in accordance with rules and regulations of the department, the following:

(A) A list of the 25 most frequently performed inpatient procedures by the hospital and the frequency with which such procedures were performed;

(B) A list of the 25 most frequently performed outpatient procedures by the hospital and the frequency with which such procedures were performed; and

(C) A list of the 50 most frequently prescribed medications by the hospital staff and the frequency with which such medications were prescribed.

(2) For each procedure and medication included in paragraph (1) of this subsection, such information shall also include:

(A) The average charge to the uninsured;

(B) The rate of payment for the procedure or medication to the hospital that has been negotiated by or on behalf of the hospital with the managed care company that has the largest number of enrollees; and

(C) The rate of payment for the procedure or medication to the hospital under the medicare program.

(d) A charge related legal action shall not be brought against a hospital by an uninsured patient who received inpatient or outpatient elective nonemergency medical treatment if:

(1) The hospital has fully complied with this Code section; and

(2) The uninsured patient signed a written agreement with the hospital prior to receiving the treatment that he or she agreed to pay a certain price for such treatment."

SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.